

Name In Full

Certificate of Death

James Lewis Faith
 Town Hancock County Washington

MARYLAND

Died at
 Date 19 September 16, Age 4.5.6
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband
 of
 Wife

Father's Name Wm J Faith Jr Mother's Maiden Name Mary E. Faith

Cause of Death Primary Immediate Paralysis 66 44
 How long sick
 Accident, Suicide, Homicide

Reported by Martin Jenkins Undertaker
 Address Hancock Md
 P. E. Stijus M.D.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister



Name in Full

Certificate of Death

Lusetta Ellen Farrow

Died at ^{Town} Big Spring. ^{County} Washington MARYLAND

Date 189 ^{Month} 11 ^{Day} 13 Age ^{Y.} 50. ^{M.} 6. ^{D.} 29. Native of Occupation

~~Male~~ White Married ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ Single ~~Widower~~ Number of children living 2

Husband of Nathan Farrow
 Wife
 Father's Name Thomas Silvers Mother's Name Elizabeth Silvers

Cause of { Primary Tuberculosis 22 2 1/2 years How long sick

Death { Immediate Heart failure ~~Accident, Suicide, Homicide~~

Reported by Abraham Shank M.D.

Address Clear Spring Washington Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Carrie Fredgater of Hoffmanville

Died at

Town

County

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Married

Widow

Divorced

Number of children living

Male

White

Single

Widower

Female

Colored

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *James Healey Finggan*
Town *Hagerstown* County *Washington*
Died at
Date of death *8/25/17* Month *5* Day *17* Age *36* Years *11* Months *7* Days
Sex *Male* Color or Race *White* Birth-place *MD*
Occupation *Laborer* Where Residing if not at place of death
Married, Single or Widowed *Married* Name of Wife or Husband
Father's Name *Thomas Finggan* Father's Birthplace *MD*
Mother's Maiden Name *Agnes C. Dix* Mother's Birthplace *MD*
Name of person giving information *Agnes C. Hoover* How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Accident, falling wall* How long
Immediate *at Court House* How long
Are the name, age, sex, color, date and place correctly given above? *Yes*
Signature of Physician *M. J. Scott*
Address

Accident or Suicide?

70
5-00

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Charles Froher* Town *Fagers Inn* County *Washington* MARYLAND

Died at *Fagers Inn*

Date of death *18 85* ^{16 yrs} *Mar* Month *17* Day *9* Age *9* Years *—* Months *—* Days

Sex *male* Color or Race *Colored* Birthplace *Fredricks Md*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Daniel Froher* Father's Birthplace *Fredricks Md*

Mother's Maiden Name *Martha Froher* Mother's Birthplace *" " "*

Name of person giving Information *Martha Froher* How related to deceased *mother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *—* How long *—*

Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *—* Signature of Physician *—*

Address *—*

Accident or Suicide *—*

Always of hand

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mara Fisher</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Hagerstown</i>		Month <i>June</i>		Day <i>14</i>		Years <i>26</i>	
Date of death <i>1897</i>		Month <i>June</i>		Day <i>14</i>		Age <i>26</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Fredrick Md</i>		Months Days	
Occupation <i>Domestic</i>		Where Residing if not at place of death _____					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband _____					
Father's Name <i>Daniel Fisher</i>		Father's Birthplace <i>Fredrick Md</i>					
Mother's Maiden Name <i>Martha Fisher</i>		Mother's Birthplace <i>Fredrick Md</i>					
Name of person giving Information <i>Martha Fisher</i>		How related to deceased <i>mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Accident or Suicide		Address	

complication of boards

Name
in
Full

CERTIFICATE OF DEATH

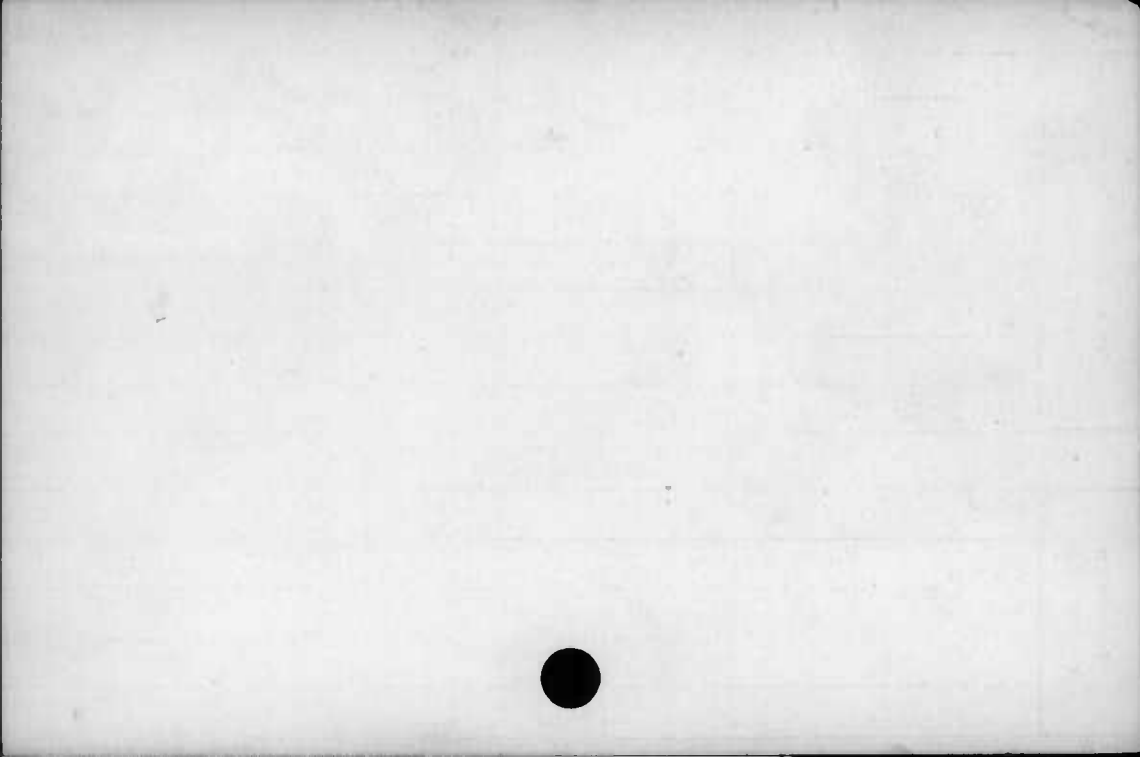
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Elias Fisher</i>		Town <i>Pagers town</i>		County <i>Washington</i>		MARYLAND		
Died at		Date of death <i>1882</i>		Month <i>Feb</i>	Day <i>12</i>	Years <i>80</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>male</i>		Color or Race <i>Colored</i>		Birthplace <i>Frederick Co Md.</i>				
Occupation <i>laborer</i>		Where Residing if not at place of death						
Married, Single or Widowed		Name of Wife or Husband <i>Lizzie Lee</i>						
Father's Name		Father's Birthplace						
Mother's Maiden Name		Mother's Birthplace						
Name of person giving information <i>Ida Scott</i>		How related to deceased <i>grand daughter</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Florence Fisher
Town *Hagerstown* County *Washington*
Died at *Hagerstown*
Date of death *1881* *May* *2* Age *1* Months *6* Days *—*
Sex *Female* Color or Race *Colored* Birthplace *Fredricks Md*
Occupation *—* Where Residing if not at place of death *—*
Married, Single or Widowed *—* Name of Wife or Husband *—*
Father's Name *Daniel Fisher* Father's Birthplace *Fredricks Md*
Mother's Maiden Name *Martha Fisher* Mother's Birthplace *" " "*
Name of person giving Information *Martha Fisher* How related to deceased *mother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *—* How long *—*
Immediate *—* How long *—*
Are the name, age, sex, color, date and place correctly given above? *—* Signature of Physician *—*
— Address *—*
Accident or Suicide *—*

Dr. J. J. J.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Geo. Fisher Town *Hagerstown* County *Washington* MARYLAND

Died at *Hagerstown*

Date of death *1883* *Nov.* *12* Age *8* Months *—* Days *—*

Sex *male* Color or Race *Colored* Birth-place *—*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Daniel Fisher* Father's Birthplace *Frederick Md*

Mother's Maiden Name *Martha Fisher* Mother's Birthplace *" " "*

Name of person giving Information *Martha Fisher* How related to deceased *mother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *—* How long *—*

Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *—* Signature of Physician *—* Address *—*

Accident or Suicide *—*

Blood basin

Name
in
Full


CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Martha Foster</i>		Town <i>Pagersburg</i>		County <i>Washington</i>		MARYLAND					
Died at <i>Pagersburg</i>		Month <i>August</i>		Day <i>11</i>		Years <i>16</i>		Months <i>7</i>		Days <i>7</i>	
Date of death <i>1908</i>		Age <i>16</i>		Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Fredricks</i>		Occupation <i>—</i>	
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>		Where Residing if not at place of death <i>—</i>		Father's Birthplace <i>Fredricks Md</i>		Mother's Birthplace <i>" "</i>		How related to deceased <i>mother</i>	
Father's Name <i>Daniel Foster</i>		Mother's Maiden Name <i>Martha Foster</i>		Name of person giving Information <i>Martha Foster</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician 	
Accident or Suicide		Address	

Amplification of bonds

Name In Full

Certificate of Death

George W. Fockler,

Town

County

Died at

Beaver Creek

Washington MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

July 25

Age

79.11-7

and Laborer

Male

White

Married

Widow

~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

X

Husband

of

Martha Lizer

Father's

Name

Mother's

Name

Cause of

Primary

affecting Brain

How long sick

1 week

Death

Immediate

52

Accident, Suicide, Homicide

Reported by

Prising & Jack

Address

Bonsano

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70008

Attended by Dr.

E. L. Smith

of

Boonsboro Md

Seen by Coroner

— *per*

of

—

Information contained in this certificate received

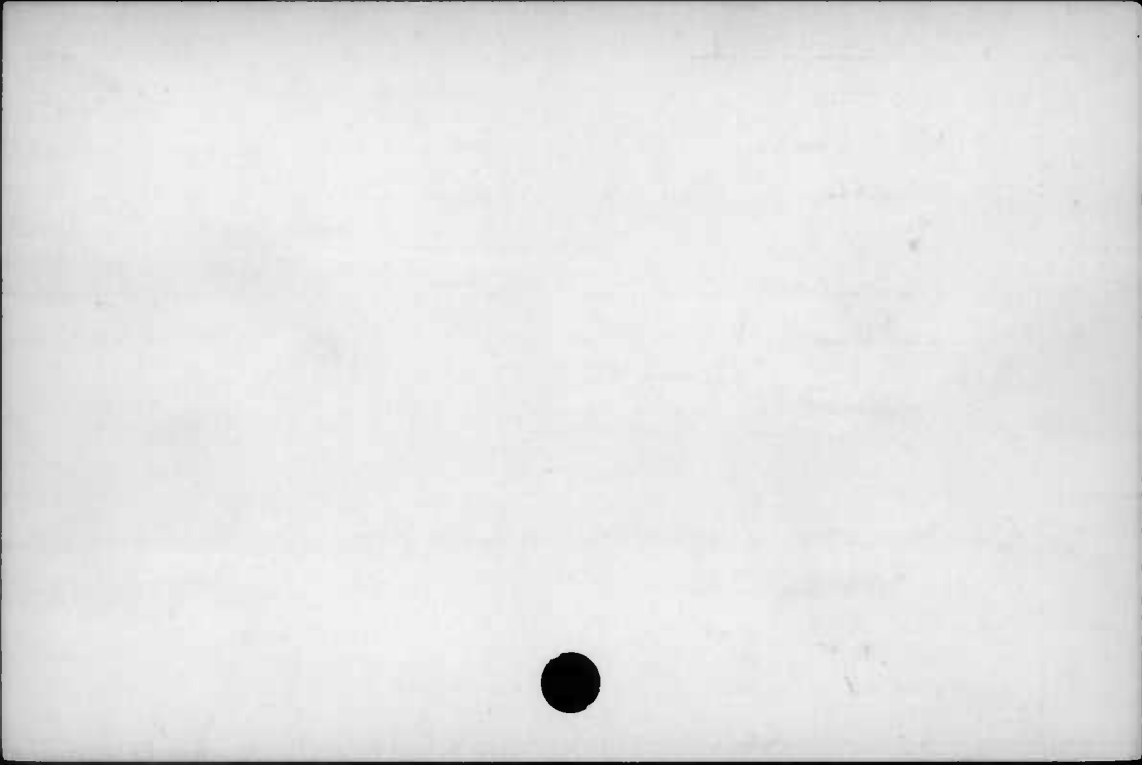
from

Martha, Hocken

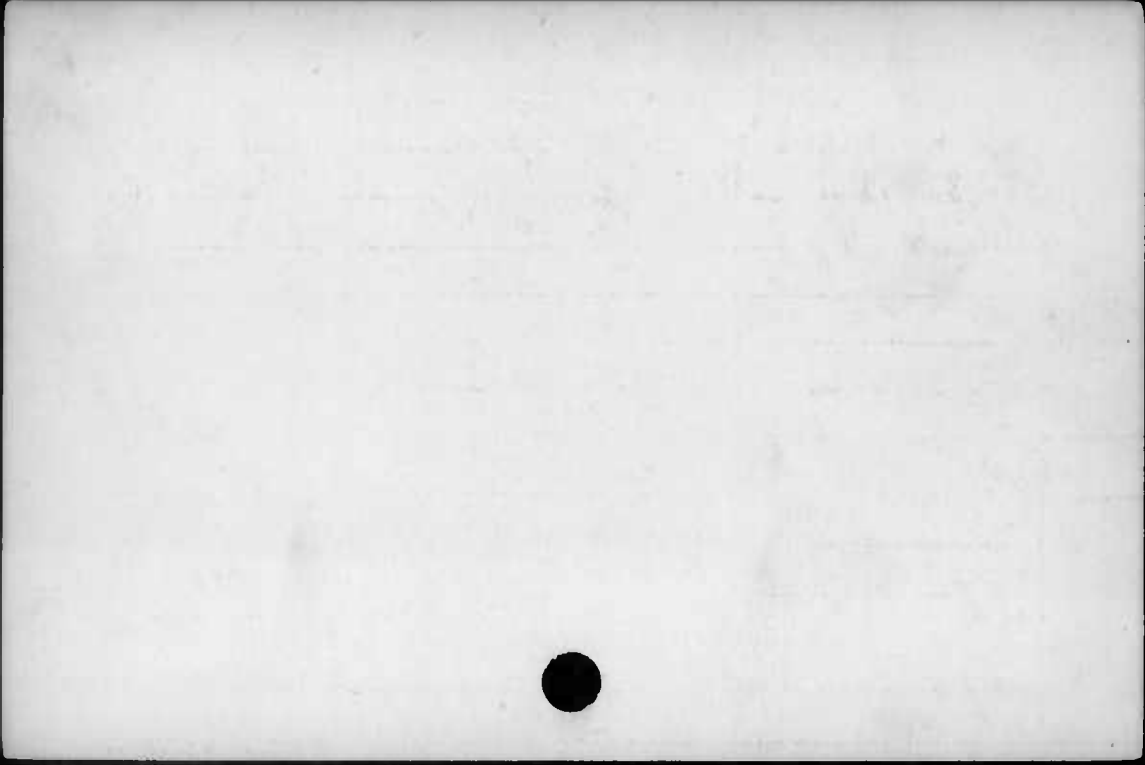
of

Leover Creek

Name in Full		James H. Foster				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Cumberland		Town		County	
	Date of death		1892 Jan.		Month		Day	
	Sex		Male		Color or Race		White	
	Occupation		None		Where Residing if not at place of death		—	
	Married, Single or Widowed		Single		Name of Wife or Husband		—	
	Father's Name		Thomas Foster		Father's Birthplace		England	
	Mother's Maiden Name		Elizabeth Booth		Mother's Birthplace		England	
Name of person giving information		Thomas Foster		How related to deceased		Father		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Pneumonia Lobar				How long	
	Immediate		—				How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician			
	no previous record		—		Address			
	Accident or Suicide?		—		M. F. Turing, Cumberland, Md.			



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Annur</u>		County <u>Sevier</u>		State <u>MARYLAND</u>
	Date of death <u>1896</u>	Month <u>Aug</u>	Day	Years <u>20</u>	Months <u>0</u> Days <u>0</u>
	Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>md</u>	
	Occupation <u>Dyer</u>	Where Residing if not at place of death <u>—</u>			
	Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>none</u>			
	Father's Name <u>Thos. F. Fother</u>	Father's Birthplace <u>England</u>			
	Mother's Maiden Name <u>Elin. Booth</u>	Mother's Birthplace <u>England</u>			
	Name of person giving information <u>Thos. Fother</u>	How related to deceased <u>Father</u>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <u>Abscess following operation for Kidney Stone</u>			How long <u>6 mos</u>	
	Immediate <u>infection</u>			How long <u>8 mos</u>	
	Are the name, age, sex, color, date and place correctly given above? <u>yes</u>			Signature of Physician <u>W. H. Brauer M.D.</u>	
	<u>no previous record</u>			Address <u>Annur md</u>	
	Accident or Suicide? <u>no</u>				



Name
in
Full

Cameron Ford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Roland Ave</i>		Town <i>Balto.</i>		County <i>md</i>		MARYLAND	
Date of death <i>1888</i>	Month <i>Jan.</i>	Day <i>14</i>	Age <i>3</i>	Years <i>3</i>	Months <i>3</i>	Days <i>—</i>	
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Balto. Md.</i>				
Occupation <i>Child</i>			Where Residing if not at place of death <i>Roland Ave.</i>				
Married, Single or Widowed <i>"</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Chas. E. Ford (deceased)</i>				Father's Birthplace <i>Balto Co.</i>			
Mother's Maiden Name <i>Laura E. Ford</i>				Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Mrs Chas. E. Ford</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long <i>few days</i>
Immediate <i>Croupy Spasmodic</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>D^r Chas. Mitchell (deceased)</i>
	Address <i>Chestnut Ave now Balto. Md.</i>
Accident or Suicide?	

The card was moved
to drawer

Box

S. F. H. G.

May 1905

Name

in

Full

Edward R. Ford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Roland Ave</u>		County <u>Baltimore</u>		MARYLAND	
Date <u>1883</u> of death <u>190</u>	Month <u>Aug</u> <u>first</u>	Day <u>12</u>	Age <u>—</u>	Years <u>—</u>	Months <u>7</u> Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Roland Ave</u> <u>Baltimore</u>		
Occupation <u>child</u>	Where Residing if not at place of death <u>Roland Ave</u>				
Married, Single or Widowed <u>"</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Chas. E. Ford deceased</u>			Father's Birthplace <u>Balto Co</u>		
Mother's Maiden Name <u>Laura E. Ford</u>			Mother's Birthplace <u>"</u> <u>"</u>		
Name of person giving information <u>Mrs. Laura E. Ford</u>			How related to deceased <u>Mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long <u>24 hours</u>
Immediate <u>Cholera Infantum</u>	How long <u>24 hours</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Dr. J. Jones</u> <u>(deceased)</u>
	Address <u>Falls Road near 4th St</u>
Accident or Suicide?	

May, 1905

I served to
dinner the
lots of
Edna R. Ford.
J. F. St. Lawrence.

Name
in
Full

Genivine H. Forsythe

CERTIFICATE OF DEATH

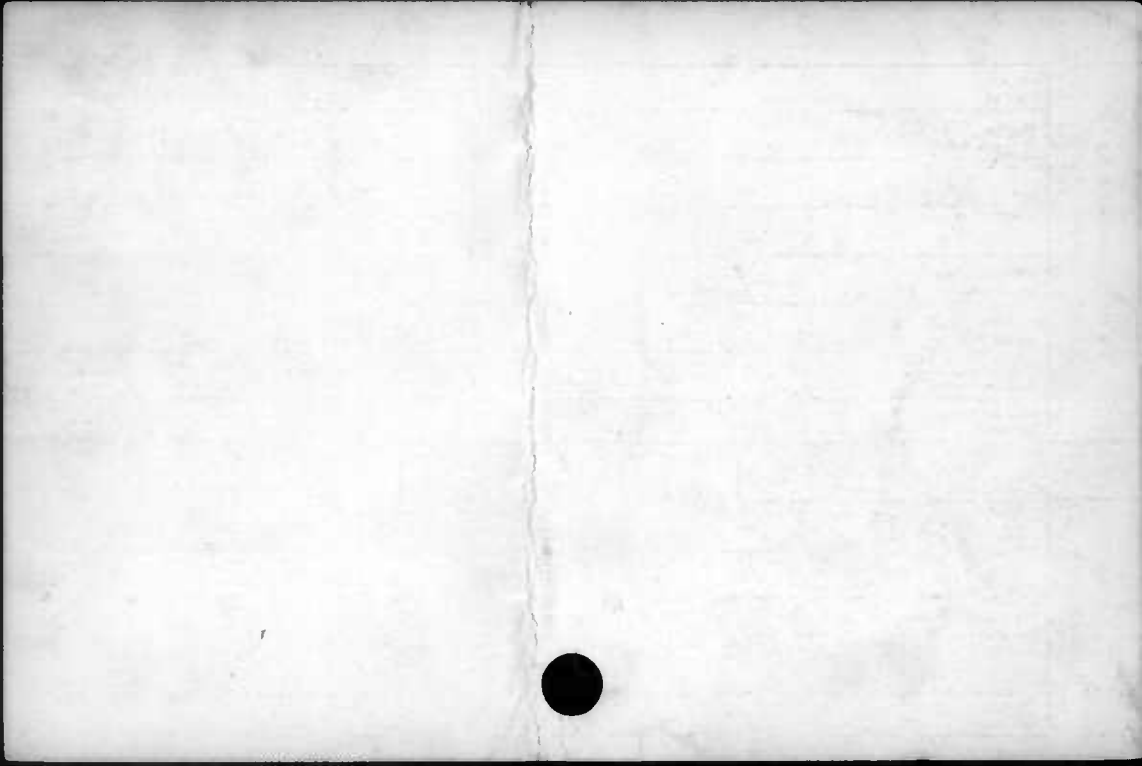
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Howard Co		County		MARYLAND	
Date of death	1879	Month Decr	Day 29	Age 1	Years	Months 5	Days 6
Sex	Female		Color or Race	White		Birth- place	Near Sydesville
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				W. H. Forsythe		Father's Birthplace	
Mother's Maiden Name				Arabella C. Helms		Mother's Birthplace	
Name of person giving Information				W. H. Forsythe		How related to deceased	
						Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Circumference of	How long	Eight months
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Dr. Aug. Briggs (Sund)	
		Address	
		Cooksville Tenn	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

Jennie Franklin

Town

County

MARYLAND

Died at *Hagerstown*

Washington

Date *1897* Month *April*

Day *7* Age *33*

Months Days

Sex *Female*

Color or Race *Colored*

Birthplace *Unknown*

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's Name *Unknown*

Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown*

Mother's Birthplace *Unknown*

Name of person giving
Information

How related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

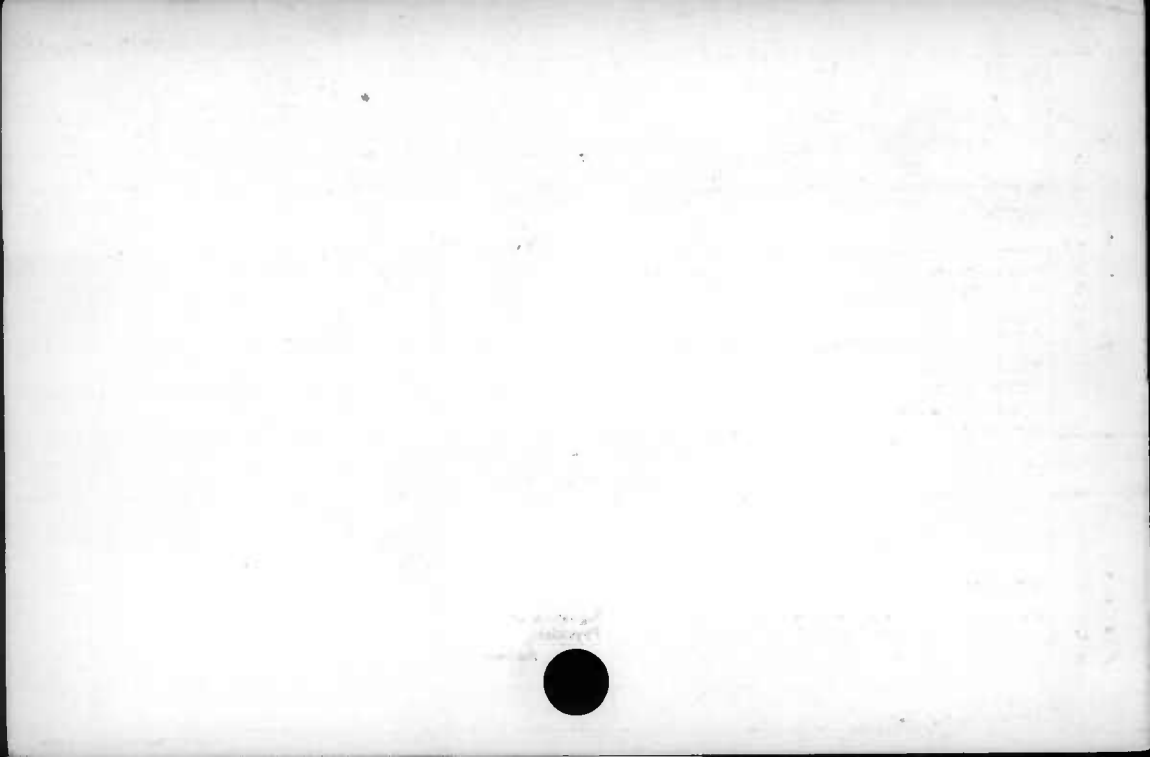
Signature of
Physician

Address

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Charles M. Frazier

Town

County

Died at

Annapolis

Anne Arundel

MARYLAND

Date 189

8

Month

Day

Jan 4

Age

Y.

M.

D.

57

Native of

Occupation

Maryland Oysterman

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Fall

1526

How long sick

About 6 hours

Death

Immediate

Fracture of Skull

~~Accident~~ Suicide, Homicide

Reported by

Wm. S. Welch M.D.

Address

Annapolis

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Good for record
Jan 4th 1899

Daniel Fredericks

Died at Town Grays Ellicott City County Howard

MARYLAND

Date 189 2 Month 17 Day 78 Y. 78 M. 78 D. 78 Native of Baltimore Occupation Farmer

Male White Married Married Divorced Divorced

Female Colored Single Widower Number of children living one

Husband
of
WifeFather's
NameMother's
Name

149

Cause of Death { Primary Starvation & Cold Immediate Cold How long sick one week

Accident, Suicide, Homicide

Reported by

Milton Easton

Address

Ellicott City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____
of _____

Seen by Coroner Ja. F. Melvin
of Newport

Information contained in this certificate received from Mr. F. Melvin
of _____

person in a last illness is responsible for the presentation of this Certificate, accu
 person superintending the burial, within *twenty-four hours* after the death of said
 under penalty of law.

MIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of *1*th, *March 30th*

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } *Mary H. Fuge*

Sex, *Male* or Female, { Cross out the word not required in this line. }

Age, *4* Years, *10* Months, *2* Days.

Color, *White* Sex,

Married, *Single*, Widor or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace { State or country (and how long in the United States, if of foreign birth. } *Baltimore Co.*

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } *Baltimore Co.*

Cause of Death, { First (Primary), *Measles*
 Second (Immediate), *Chronic Croup*

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Mt. Carmel Cemetery* *J. H. Martin* M. D.

Date of Burial, *April 1st 1897* Medical Attendant.

{ Undertaker, *H. M. Gilmeier* Address
 { Place of Business, *321 Canton St.*

Extract from Regulations of the Board of Health to secure a full and correct record of
 Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The following additional information is requested in relation to the causes of death enumerated below.

ANEURISM—Mode of Death.

ACUTE SPIN. MENINGITIS—Variety, whether epidemic or simply Inflammatory.

CHILD BIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and cause.

ENTERITIS AND GASTRO ENTERITIS—Cause. Whether Diarrhoeal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYÆMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety, Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature, Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCCESS—Cause, Location and Mode of Death.

Specify every Surgical operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of death.

JAMES A. STEUART, M. D.

Commissioner of Health and Registrar.

Name
in
FullHenry H. Funk
Town

County

112

CERTIFICATE OF DEATH

MARYLAND

Died at

Date 1870
of death 190

Month

March

Day

5

Years

Age 52

Months

7

Days

6

Sex

Male

Color or
Race

White

Birth-
place

Hagerstown

Occupation

Farmer

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Margaret Good

Father's
Name

John Funk

Father's
Birthplace

Hagerstown

Mother's
Maiden Name

Anna Bear

Mother's
Birthplace

Landcaster

Name of person giving
Information

Anna Hoffmeyer

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Diabetes

How long

years

Immediate

No

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Dr. B. J. Traphy

Hagerstown

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Margaret G. Funk

Town

County

111

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death 1900

Month

Nov

Day

20

Years

76

Age

Months

6

Days

20

Sex

Female

Color or
Race

White

Birth-
place

Hillmanburg

Occupation

Where Residing if, not
at place of deathMarried, Single
or Widowed

Widow

Name of Wife or
Husband

Henry Funk

Father's
Name

Pete Good

Father's
Birthplace

Hillmanburg

Mother's
Maiden Name

Elizabeth Harnish

Mother's
BirthplaceName of person giving
Information

Mrs. Hoffmeyer

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Old age

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Dr. Frank
Hoffmeyer

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name In Full

Certificate of Death

Margaret Furbush

Town

Sullersville

County

Lucas Co.

MARYLAND

Died at

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

6 30

Age

37.11.8

Maryland

~~Male~~

White

Married

Widow

Divorced

Female

~~Colored~~~~Single~~

Widower

Number of children living

5

Husband of

Wife

Father's

Name

Mother's

Name

119a

Cause of

Primary

Child Birth

How long sick

Death

Immediate

Septicaemia

Accident, Suicide, Homicide

Reported by

Foster Sudler M.D.

Address

Sudlersville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr.

Hoster Miller

of

Millersville

Seen by Coroner

of

Information contained in this certificate

ceived from

of

Jos a. Stafford

undertaker